

State of Alaska Department of Revenue Regional Seafood Development Tax Return

Department use only	Envelope #
FSN	SEQ #

582

<u>Check One</u>	<u>Year/month resource purchased</u>	<u>Note different due dates</u>
<input type="checkbox"/> Buyer	Year: _____ Month: _____	Monthly tax - due last day of month following month of purchase
	<u>Year resource exported/sold</u>	
<input type="checkbox"/> Fisherman	Year: _____	Yearly tax - due March 31st of following year

Federal ID <input type="checkbox"/> EIN <input type="checkbox"/> SSN	Fisheries Business License No.	Individual or Corporation Name
----------------------------------------------------------------------	--------------------------------	--------------------------------

Type of Return (Check one)

<input type="checkbox"/> Original	<input type="checkbox"/> Amended*	<input type="checkbox"/> Bonus	<u>Year/month resource originally purchased</u>	<u>Year/month bonus payment made</u>
			Year: _____ Month: _____	Year: _____ Month: _____

* Attach explanation

Tax Calculation

Region	Fishery	Pounds	A. Value	B. Rate	C. Tax (Column A x B)
1 Bristol Bay	Salmon drift gillnet - S03T			1% (.01)	1. \$
2 Prince William Sound	Salmon drift gillnet - S03E			1% (.01)	2. \$
3 Prince William Sound	Salmon set gillnet - S04E (effective May 1, 2009)			1% (.01)	3. \$
4	Total (add lines 1 through 3, Column C)				4. \$
5	AMENDED AND BONUS RETURNS ONLY Taxes previously paid for this month/year				5. ()
6	TOTAL TAX LIABILITY (REFUND) DUE (Subtract line 5 from line 4)				6. \$

Electronic Payment Information

Note: If your liability is \$100,000 or more, you must use the Tax Online Payment System (TOPS) at www.tax.alaska.gov or wire transfer.
Check if you are remitting by: <input type="checkbox"/> TOPS confirmation # _____ <input type="checkbox"/> Wire transfer date _____

<i>I declare under penalty of unsworn falsification that this return, including all accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.</i>		
Signature	Print name and title	Date

Pay online at www.tax.alaska.gov
or make check payable to **State of Alaska**

Mail to: Alaska Department of Revenue - Tax Division
PO Box 110420 • Juneau, AK 99811-0420
Telephone 907-465-2320
FAX 907-465-3566

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Validation

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Retain a copy for your records

Form 0405-582 rev 05/09